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Bib Data Sheet

CONFIRMATION NO. 1615

<b>SERIAL NUMBER</b> 10/018,310	<b>FILING DATE</b> 04/22/2002 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> 12319	
<b>APPLICANTS</b> Karl-Heinz Bauer, Stuttgart, GERMANY; <i>HT</i> <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/DE00/01337 04/28/2000 <i>HT</i> <b>** FOREIGN APPLICATIONS *****</b> GERMANY 199 19 829.2 04/30/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Alldwanger</i> Verified and Acknowledged <i>HT</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Orum & Roth 53 West Jackson Boulevard Chicago, IL 60604					
<b>TITLE</b> Method and device for coordinating several types of therapy and therapy providers involved in the treatment of patients					
<b>FILING FEE RECEIVED</b> 955	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		